

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90036 026 ***150.00

DOCUMENT # P96000059044

1. Entity Name
EXCALIBUR HEALTH SYSTEMS, INC.

Principal Place of Business 2600 DOUGLAS ROAD SUITE 710 CORAL GABLES FL 33134	Mailing Address 2600 DOUGLAS ROAD SUITE 710 CORAL GABLES FL 33134-6149
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 65-0683927	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent ONORATI, ANNETTE C ESQ 2600 DOUGLAS ROAD SUITE 710 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete CARUNCHO, JOSEPH L STREET ADDRESS 2600 DOUGLAS RD, STE 710 CITY-ST-ZIP CORAL GABLES FL 33134	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	<input type="checkbox"/> Delete ONORATI, ANNETTE C STREET ADDRESS 2600 DOUGLAS RD, STE 710 CITY-ST-ZIP CORAL GABLES FL 33134	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T/D JUSTO Luis Pozo STREET ADDRESS 2600 Douglas Road, Suite 710 CITY-ST-ZIP CORAL Gables, FL 33134
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D ORLANDO Lopez-Fernandez, Jr., M.D. STREET ADDRESS 2600 Douglas Road, Suite 710 CITY-ST-ZIP CORAL Gables, FL 33134
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D JOSE R. PUJOLS, M.D. STREET ADDRESS 10020 Bird ROAD CITY-ST-ZIP MIAMI, FL 33165
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **3/2/00** DAYTIME PHONE #: **305-441-7825**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)